

Socio-economic Status of People Living with HIV / AIDS in Hyderabad City of India

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Introduction

- Millions of people are devastated by HIV / AIDS throughout the world.
- WHO estimates in 2009 – 33.4 million, 2.7 million new infections, 2 million deaths annually; UNAIDS – 60 million infected and 25 million died so far.
- India is not immune from this epidemic; 2009 estimates - 2.47 million people infected across all the 28 states in India; about 0.25% of population
- Several steps were taken to deal with this epidemic, and the new infections are significantly reduced.

Introduction

- But the socio-economic status of the people living with HIV / AIDS (PLHA) is severely restricted, unable to participate as equal citizens.
- Worse still, the PLHAs find it difficult to access the support systems that are necessary for their wellbeing.
- The consequences are not only to the individual PLHAs but also to the society at large.

Purpose and Contribution

- Number of studies have examined the social issue of stigma and how it is hindering the normal life of PLHAs. Others have considered the psychological trauma that the PLHAs go through.
- The purpose of the study is to examine the influence of socio-economic factors on PLHAs in the city of Hyderabad in India (a global IT-hub)
 - Specifically examines the impact of their financial situation.

Literature

- Several studies have examined HIV pandemic in India, covering different aspects. Some of them are:
- Stigma (Sivaram, et. al., 2009; Bharat, 2011)
- Depression and psychological effects (Charles, et al., 2012; Aggarwal, 2008)
- Social consequences (Mawar, et al., 2005; Kumarasamy et al., 2007 – family effect)
- Gender effect (AIDS care, 2011)
- Quality of life and finance (Finn & Sarangi, 2008; Longmire-Avital et al., 2012)
- Comparison with leprosy (Stevelink et al., 2011)

Literature

- Other studies have covered the intervention and support policies. Some of them are:
- Role of community (Nayak and Panda, 2012)
- Social capital (Sivaramm Zelaya and SriKrishnan, 2009) – voluntarism, community participation, social networks to support.
- Knowledge in HIV issues (Bradely et. al., 2011)
- Family support (Kumarasamy et al., 2007)
- NGOs and funding (Kapilashrami & McPake, 2012)

Method

- Sample is drawn from among the HIV / AIDS infected persons who receive free medical care offered by an NGO's project through its care-and-support clinic.
- Nireekshana ACET (AIDS Care, Education & Training) is a community based project based in Hyderabad to provide a compassionate care and support to PLHA, using a holistic approach – has different community projects as well.
- A convenient sample of 73 was chosen as the respondents were those receiving medical care; data was collected through a structured interview method; questions focused on their socio-economic status.

Findings - sample characteristics

- **Education:** illiterates (24%), primary (27%), high school (42%), graduates and above (7%).
- **Occupation:** Unemployed / daily workers (47%), regular low paid private jobs (37%), own business (8%), social worker (1%), govt. (2%) others (5%)
- **Gender:** Men (72%), Women (18%)
- **Personal Monthly Income:** No income (26%), Rs 1-3K (26%), Rs 3-5K (29%); Rs 5-10K (18%); Rs >10K (1%)
- **Family Monthly Income:** No income (10%), Rs 1-3K (28%), Rs 3-5K (33%); Rs 5-10K (25%); Rs >10K (4%); average income is about Rs 5K (about \$25 per week)

Findings - Social Factors

- **Period of infection:** one year (8%), 2-5 years (42%), 6-10 years (40%), 10 years or more (10%); average period of diagnosis was about 6 years.
- **Access to basic amenities:** Food, shelter, water, clothes – Nil (1%), Limited access (9%) Access (90%)
- **Household expenses:** matched their income or more – no possibility of savings at all
- **Medical expenses:** free service at the NGO project medical clinic, including counselling sessions; however transport costs are significant; and also for emergency when clinic was closed

Findings - Comments of PLHAs

- *I am an Auto driver by profession and after I tested positive for HIV, my health has worsened and I'm unable to drive my auto and obtain my daily earnings on days when I am sick (Balaiah)*
- *I used to work as a labourer before I got affected by HIV. I now work as vegetable vendor whenever my health permits me to go out of my house (Dasharath)*

Findings

- *After loosing my Husband to AIDS and being infected myself, me and my children would have gone through very tough time without my brother's support; he take care of all our financial support (Varalaxmi)*
- *I am very sick before I approached this urban clinic (Nireekshana) and I though I would die but I am very grateful to this clinic who have taken care of me and helped me and my family (Janga)*

Findings - summary of impact

- HIV infected people are usually poor people – lower end of the strata in the society; less educated
- Most profitable / income earning years of their life is adversely affected – impact on family
- Impact is both physical and psychological
- Job opportunities are severely limited – mostly daily workers involving physical work and travel
- Family life is disturbed and disease become an additional cost / expenditure to already poor families
- Employed PLHA will have more money, and near normal life
- Coping / Support structures
 - Family and community support – psychological and financial
 - Medical facilities and care by NGOs
 - Counselling facilities offered by NGOs

Implications

- **Policy Makers** – to decide whom involve in designing the programmes
- **NGOs** – critical role in supporting PLHA and liaising with different agencies
- **Families** – play critical role in providing support to PLHAs
- **PLHAs** – lone fight will not help; should take family and community support
- **Holistic and multi-agency solutions** - necessary for effective care of PLHAs

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- Thank you for your time!